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REISSUE PATENT APPLICATION TRANSMITTAL

PTO



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Attorney Docket No.	ARC920000096US2
First Named Inventor	Eric E. Fullerton
Original Patent Number	6,391,430
Original Patent Issue Date (Month/Day/Year)	05/21/2002
Express Mail Label No.	ER265251445US

APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

- Fee Transmittal Form (PTO/ SB/ 56)
(Submit an original, and a duplicate for fee processing)
- Applicant claims small entity status. See 37 CFR 1.27.
- Specification and Claims in double column copy of patent format (amended, if appropriate)
- Drawing(s) (proposed amendments, if appropriate)
- Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Power of Attorney
- Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 - Written Consent of all Assignees (PTO/SB/53)
 - 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
- CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
- Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i CD-ROM (2 copies) or CD-R (2 copies); or
 - ii paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. Original U.S. Patent for surrender
 - Ribboned Original Patent Grant
 - Statement of Loss (PTO/SB/55)
12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
14. English Translation of Reissue Oath/Declaration (if applicable)
15. Preliminary Amendment
16. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: Offer to Surrender Original Patent (statement in preliminary amendment)

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label or Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Thomas R. Berthold		
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NAME (Print/Type)	Thomas R. Berthold	Registration No. (Attorney/Agent)	28,689
Signature			Date
			07/29/2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)
ARC920000096US2

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 14	Total Claims (37 CFR 1.16(j))	(B) 14	****0 =	x \$ _____ =		or	x \$ 18 = 0.00
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 2	* 0 =	x \$ _____ =			x \$ 84 = 0.00
Basic Fee (37 CFR 1.16(h))				\$ _____		\$ 750.00	
Total Filing Fee				\$		OR	\$ 750.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 14	MINUS	** 14	* = 0	x \$ _____ =		x \$ 18 =	0.00
Independent Claims (37 CFR 1.16(i))	*** 6	MINUS	***** 3	= 3	x \$ _____ =			x \$ 84 = 256.00
Total Additional Fee					\$		OR	\$ 256.00

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account No. 502587 in the amount of 1006.00.
A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 502587.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

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07/29/2003

Date



Signature of Applicant, Attorney or Agent of Record

Thomas R. Berthold

Typed or printed name

EXPRESS MAIL CERTIFICATE

I hereby certify that the above paper/fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and is addressed to the Commissioner for Patents and Trademarks, Alexandria, VA 22313-1450.

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